



Arkansas Tobacco Settlement Commission

Quarterly Report

January 2006

Executive Summary:

The Arkansas Tobacco Settlement Commission (ATSC) continues to meet quarterly to oversee and assess the progress of the programs funded by the Tobacco Settlement Proceeds Act of 2000. This year the Commission is working closely with RAND to develop its biennial report to the Governor and General Assembly. The next report will be published in August 2006.

The Commission has been working to address the recommendations made by RAND in its interim report. Continual use of the information and recommendations in RAND's Report will help guide our future activities as we continue to monitor program performance. The Commission is working to develop an online financial reporting system for programs to report expenditures and to ensure program accountability. This is the first report containing program expenditures. We hope you find this report informative on the latest activities of the Tobacco Settlement funded programs.

Summary reports for each program for the period September 2005 to December 2005 follow.

Arkansas Aging Initiative (AAI)

*a program of the Donald W. Reynolds
University of Arkansas for Medical Sciences*

Mission

- To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs.
- To influence health policy affecting older adults.



Vision

- To be a leader in improving lives of older adults through healthcare and education.

Program Progress

The Directors of Education participated in the Arkansas Aging conference held at Hot Springs on October 10, 2005. The Directors of Education presented a continuing education program on the AAI and the satellite centers on aging. The Education Directors presented what the Centers on Aging (COA) can do for communities and provided contact information. Approximately 20-25 attended the presentation. All evaluations were positive. Highlighted topics were:

- What is the AAI and how it works for you
- Community education programs
- Continuing education programs for healthcare professionals and students
- Library/Resource Center
- Clinical component and interdisciplinary approach to geriatric care
- Family caregiver training

Our COAs have partnered with SHIP (Senior Health Insurance Information Program) which is a state program – a grant from CMS to conduct Medicare Part D training in their regions.

Workshops are being held and seniors are being assisted in all parts of the state. To date over 4500 older adults have attended an AAI sponsored session related to Medicare part D. Partners in this endeavor include: AAA, Hospitals, Home health agencies, other senior agencies, County extension offices, each senior center, AARP, Community Health Centers of Arkansas, Department of Health & Human Services, and Social Security Administration.

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Leveraging Activity

- COA-NE Volunteer Hours: \$5,200
- SACOA Volunteer Hours: \$464
- Texarkana Regional Center on Aging (TRCOA)
 - \$100 from Aventis.
 - \$300 from Bristol-Myers

Total leveraged dollars for the quarter: \$6,064

Board Activity

The AAI leadership participates in bimonthly meeting with the UAMS Chancellor regarding activities and progress of UAMS Tobacco funded programs. Dr. Beverly reported to the Donald W. Reynolds Institute on Aging Community Advisory Board regarding an update on the AAI. Because the Centers are all operational and functioning on level with the expectations outlined in the master plan; they have entered their second level of development by beginning work on developing and staffing local Advisory Committees. The plan is to have every committee staffed and operational by July 1, 2006. The status of their present development is:

COANE (Jonesboro) has an operational committee. It meets on call. It will become more active when the Director of Development at St. Bernard's is appointed and they begin a joint fund raising campaign.

SACOA (Eldorado) has one of the oldest established advisory committee. It is staffed and functioning on a regular basis.

SCCOA (Pine Bluff) is in the process of forming a committee. It has three standing members and a list of 8 other people we are interviewing and asking to serve on the committee.

Delta COA: a committee has not been developed due to the newness of this site.

TRCOA (Texarkana) has had a large committee in place for some time. It has not been active for some time, but is being resurrected this month.

WCCOA-- Two meetings have been held in Ft. Smith and a Chairman named. The first meeting will be in Jan. 2006 and the goal is to appoint 10 members initially.

Schmieding Center (Springdale) does not have an advisory committee at this time, but it does have the services of a part-time fund-raiser furnished by UAMS.

Continuous Quality Improvement Activities

Dr. Ty Borders has been working with the AAI leadership on analyzing the community and continuing education program evaluations. His results are as follows:

- Evaluation questionnaires were collected from participants in the community and continuing education programs conducted at the Centers on Aging. Descriptive analyses indicated that the vast majority of participants were very satisfied with the programs. Because most everyone was very satisfied, the questionnaires could not differentiate the quality of the courses. In the future, the Centers on Aging should weigh the costs of collecting and entering the questionnaire data against the limited knowledge gained from the questionnaires.



Collaborative Efforts

- Medicare Part D – All of our sites are partnering with each other, their local AHECs, as well as local, state and national initiatives to educate older adults regarding Medicare Part D Coverage. .
- All centers work closely with local agencies in their communities who also work with older adults. Some examples this quarter include:
 - Family caregiver programs and Dementia related support groups with the AAA
 - For Harrison : North Arkansas College, North AR Regional Medical Center, First Federal Bank of Harrison, Mountaincrest Rehab and blue Cross/Blue Shield Foundation
 - AR Department of Health; Delta – Image workgroup
 - Brinkley High School: EAST Lab
 - Delta COA, AARP and Eden Alternative has formed a Caregiver coalition
 - Care Link and the promotion and education of PEPPi in all regions

- Partners with many community colleges and Universities for rotation for their students. Included this quarter are: Phillips County Community College, ASU, UAF, UAM, UAPB, North AR College, Mid South Community College, and others.
- Jefferson County Tobacco Free Coalition – serving to educate the public and the council regarding the dangers of second hand smoke
- Grandparenting programs with the foster-grandparent program in Chicot county
- PEPPi training with the Health Department

Minority Population Initiatives

Several of our sites are making a concerted effort to address serving African American communities. During the last quarter, 17% or over 2200 of the educational encounters were African American older adults and 4% were of other minority races.



Major Challenges

- Sustainability of programs due to the instability of Tobacco Funding
- Continued concerns regarding the opportunities for expansion of programs since the AAI has maximized the funds available and is now having to cut back.
- Concerns about consumer expectations and budget cutbacks.

Goal 1: Interdisciplinary geriatric healthcare will positively impact health outcomes of older Arkansans.

Total Senior Health Clinic visits for September, October, and November: 8243

South Arkansas Center on Aging (SACOA) in El Dorado: 1498

Texarkana Regional Center on Aging (TRCOA): 996
Center on Aging Northeast (COA Northeast) in Jonesboro: 940

South Central Center on Aging (SCCOA) in Pine Bluff: 381

Fort Smith Area Center on Aging: 423

Schmieding Centers: Springdale: 3,073 Bella Vista: 872

Delta Center on Aging: West Memphis 60 (recently opened this quarter)

Goal 2: Geriatric education will positively impact behaviors to improve health outcomes.

During this quarter the AAI educational component presented a total of **912** programs to **13,145** participants which resulted in **27,116** educational contact hours.

Participant demographics: 79% Caucasian, 17% African American, 1% Hispanic, 3% Other. Participants represented 97% of all counties in Arkansas.

Schmieding Center for Senior Health and Education:

Health Professional: 17 programs for **279** participants

Students: 16 hours of clinical rotations for **2** students

Paraprofessional: 8 programs for **116** participants

Older Adult and Community: 21 programs for **556** participants.

Harrison Outreach

Health Professional: 6 programs for **151** participants

Older Adult and Community: 14 programs for **159** participants.

Bella Vista Outreach

Older Adult and Community: 29 programs for **381** participants

Mountain Home Outreach:

Health Professional: 2 programs for **49** participants

Student: 2 programs for **2** students resulting in **11** hours of training.

Older Adult and Community: 31 programs for **1263** participants.

South Arkansas Center on Aging (SACOA):

Health Professional: 16 programs for **73** participants

Student: 5 programs for **73** participants resulting in **718** contact hours.

Paraprofessional: 12 programs for **92** participants

Older Adult and Community: 62 programs for **1197** participants.

Texarkana Regional Center on Aging (TRCOA)

Health Professional: 4 programs for 80 participants
Student: 2 programs for 2 participants resulting in 390 hours of training
Older Adult and Community: 197 programs for 2108 participants.

Center on Aging-Northeast (COA-Northeast):

Health Professional: 17 programs for 298 participants
Student: 7 programs for 21 participants resulting in 51 contact hours.
Paraprofessional: 1 program for 13 participants
Older Adult and Community: 30 programs for 724 participants.

South Central Center on Aging (SCCOA):

Health Professional: 10 programs for 109 participants
Student: 68 clinical rotations for 90 students resulting in 605 hours of training.
Paraprofessional: 3 programs for 129 participants
Older Adult and Community: 109 programs for 1819 participants.

Delta Center on Aging:

Health Professional: 4 programs for 30 participants
Paraprofessional: 2 programs for 6 participants resulting in 18 hours of training.
Older Adult and Community: 45 programs for 768 participants.

Helena Outreach:

Health Professional: 3 programs for 11 participants
Student: 1 program for 17 participants resulting in 68 contact hours.
Paraprofessional: 17 programs for 423 participants
Older Adult and Community: 120 programs for 1229 participants.

West Central Arkansas Center on Aging:

Health Professional: 14 programs for 150 participants
Student: 1 program for 8 participants resulting in 8 contact hours.
Older Adult and Community: 14 programs for 717 participants.

Arkansas Biosciences Institute

Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a **partnership of scientists** from Arkansas Children's Hospital, Arkansas State University, the University of Arkansas Division of

Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences.

In accordance with the Tobacco Settlement Proceeds Act, the purpose of the Arkansas Biosciences Institute is to conduct:

- **Agricultural research** with medical implications; Bioengineering research that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- **Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and
- **Other areas of developing research** related to or complementary to primary ABI-supported programs.



Program Progress

Leveraged Funding for Agricultural and Biomedical Research in Arkansas Funding from the Arkansas Tobacco Settlement Act is used to initiate and develop research projects in the five areas listed above. However, to expand their research, ABI-supported scientists apply for additional funding, referred to as extramural funding, from federal agencies and foundations. For the October – December quarter, ABI member institutions reported receiving \$7.4 million in extramural related funding from agencies such as the National Institutes of Health and the American Heart Association. Extramural grants received during the 4th quarter include:

\$1,776,805 from the National Institutes of Health to the University of Arkansas, Fayetteville for *Center for Protein Structure and Function*;

\$1,380,000 from the National Institutes of Health to Arkansas Children's Hospital Research Institute for *Ethanol and Osteoblastogenesis: Roles of IL-1 and TNF*;

\$1,311,000 from the National Institutes of Health to Arkansas Children's Hospital Research Institute for *The Physiology of IGFBP Degrading Proteinases in Bone*;

\$255,600 from the National Institutes of Health to the University of Arkansas for Medical Sciences for *Transgenic Analysis of Platelet Receptor Expression*.

During this quarter, ABI member institutions submitted grant proposals with requested funding in excess of \$4 million. For FY2005, ABI member institutions received more than \$34.2 million in related extramural funding to help support ABI research. With ABI funding at approximately \$10.9 million for FY2005, every dollar of tobacco funding has resulted in over \$3.00 in research funding from federal agencies and private foundations.

Arkansas State University reported submission of SBIR/STTR proposals by ABI-supported scientists. The Small Business Innovation Research and the Small Business Technology Transfer programs are for small businesses to work with research institutions to engage in both research and research and development programs. If funded, the SBIR/STTR proposals would provide subcontract awards to ASU. ABI-supported researchers have served as participants or co-investigators on nine pending proposals:

- Analysis of Smoked Drugs in Human Fluids; National Institutes of Health STTR
- Development of a DNA-based Diagnostic Platform for Black Cohosh Authentication; National Science Foundation STTR
- Production of Resveratrol Using a Plant Hairy Root Bioreactor System; National Science Foundation STTR
- Biomass Feedstock Crops for a Midwestern US Small Farm; US Department of Agriculture SBIR
- Engineering Plants to Alter the Lignocellulose Content and Reduce the Thermochemical Pretreatment Process Associated with Ethanol Production; National Science Foundation SBIR
- A Cost Efficient Method for Growing Nonfood Products in Transgenic Plants; Department of Energy SBIR
- Development of a DNA-based Diagnostic Platform for Black Cohosh Authentication; National Institutes of Health STTR

- Metal Speciation Without the Hassle of Sample Preparation; National Science Foundation STTR
- Engineering Process Traits in Biomass for Lignin Degradation to Improve Ethanol Production; Department of Energy SBIR



ABI Science and Industry Advisory Committees The advisory committees conducted a teleconference in October as a follow-up to the September annual meeting and ABI Fall Research Symposium. Advisory committee members continue to applaud the Arkansas model for tobacco settlement funding. In their annual progress report to ABI, the advisory committees suggested ABI member institutions should stress collaborative research projects involving researchers from two or more ABI Institutions. They also suggested, as ABI-supported research advances, a more centralized approach to intellectual property management, i.e. patent activity, disclosures, and commercialization.

The advisory committees will meet again this fall in conjunction with the ABI Fall Research Symposium. Current advisory committee members are:

ABI Science Advisory Committee:

Dr. James Giovannoni, Cornell University
Dr. Mary Good, UA Little Rock
Dr. Rowena Matthews, University of Michigan
Dr. John Peters, Proctor and Gamble
Dr. Roberto Romero, Wayne State University School of Medicine

ABI Industry Advisory Committee:

Dr. Edwin Anderson, Pioneer Hi-Bred International
Dr. Barry Holtz, InterVxion Therapeutics
Dr. Richard Roop, Tyson Foods, Inc.
Dr. Kathy Brittain White, Rural Sourcing, Inc.

College of Public Health (COPH) (University of Arkansas for Medical Sciences)



UAMS College of Public Health

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

The mission of the College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families, and communities in Arkansas through **education, research, and service.**

The COPH has elected to address this mandate through a community-based health education model.

The COPH will improve health and well-being of Arkansans by:

- Training and re-training a professional public health workforce capable of further disseminating effective community programs.
- Training healthcare and public health practitioners in prevention methods through offering continuing education programs and through partnerships in the delivery of model programs;
- Contributing to the development of linkages among graduating students, state agencies, local organizations, healthcare practitioners, and communities to help align, coordinate, and implement effective prevention programs; and
- Conducting community-based research that is Arkansas focused and based on Arkansas needs.

Program Progress

Education Goal: *Increase the number of communities in which citizens receive public health training (Initiation)*

- **Student Expansion:** 219 students registered for the fall 2005 – 2006 semester; 11 of these students are enrolled in the newly established DrPH program. Student demographics follow: 179 (82%) of the students are female; 103 (47%) of the students are Part-Time; 55 (25%) are African-American; 13 (6%) Asian; 145 (66%) Caucasian; 4 (1%) Hispanic; and 2 (1%) Native American. Student age range is wide: 33% are 20 – 29 years old; 31% are 30 – 39 years old; 21% are 40 – 49 years old; 14% are 50 – 59 years old and 1% are 60 and above. A total of 34% of the students are from the Central AHEC region; 4% are

from the Northwest; 5% are from the Northeast; 4% are from the Southwest; 4% are from the South; 4% are from the Delta; 12% are from South Central (Pine Bluff); 9% are from North Central (Fort Smith); 17% are from out of state; and 7% are from foreign countries. Although some students are from out of state and foreign countries, they were all residents of Arkansas at the time of their admission. A total of 16% of the students are DHHS Division of Health employees. The College of Public Health had 12 students who graduated in December 2005. Ten (10) of the students received a Masters of Public Health (MPH), and two received a Post-Baccalaureate Certificate. Eleven of the graduates are presently employed in a field related to public health.

- **Faculty Development:** As of December 31, 2005, COPH has 50 full-time or FTE supported faculty; 39 of which are 100% supported in the College. Although several candidates have been interviewed, a national search is still ongoing for the Chair of the Department of Epidemiology.
- **Program Development:** The COPH offered 33 courses this fall; (including preceptorships, integration projects and directed studies), all on the UAMS campus. Two of these courses were offered as “week-end” courses and are considered a part of the College’s distance accessible curriculum.
- **Degree Programs** now include:
 - Post-Baccalaureate Certificate
 - MPH (generalist and specialist)
 - MD/MPH; JD/MPH; PharmD/MPH
 - Doctor of Public Health in Public Health Leadership (DrPH)
- **Endowment of Professorship Ceremony:** On November 16, 2005, an endowment ceremony of the first professorship in the Fay W. Boozman College of Public Health was held. The *Governor Sidney S. McMath Professorship in Obesity Prevention* created from settlement funds obtained by the McMath Woods Law Firm in a health related, multi-state lawsuit, will foster and enhance research related to obesity, contribute to the development of the Center for the Study of Obesity in the COPH, and will provide leadership for the development of a plan to address Arkansas’ major nutrition and diet-related problems. A recipient of the endowed professorship is expected to be named within a year.

- **Monthly magazine column:** Three columns were published in the Arkansas Municipal League magazine “City and Town” this quarter. The monthly columns offer useful advice on how municipal officials and administrators can promote better health. The column authors and titles are as follows: **“Arkansas looks at lessons learned from Katrina”** by William L. Mason, M.D., COPH MPH student, Department of Health Policy and Management; **“Influenza’s history cause now for concern, planning”** by Aubrey J. Hough, M.D., Distinguished Professor, Department of Pathology, UAMS College of Medicine; and **“Kicking the tobacco habit: First, make a plan”** by Christine Sheffer, PhD, Assistant Professor, Department of Behavioral Health and Health Education.
- **The Health Policy/Prevention Conference** is held each Tuesday from 4 pm – 5 pm (except during the months of July and August and when other activities conflict). The DHHS Division of Health (DOH) is a conference co-sponsor. COPH faculty/guests provide relevant information related to public health policy and prevention. Conferences on the first Monday of each month focus on Obesity issues. One-hour Continuing Education Units (CEUs) are available to Physicians, Nurses, Pharmacists, Nutritionist/Dieticians, Health Educators, CHES/CPHE, EMT’s, Sanitarian and Social Workers who attend.
- **Public Health Grand Rounds** are also held each Thursday from 8 am – 9 am in the Division of Health Auditorium. The College participates as a co-sponsor of these grand rounds. One-hour CEUs (same as listed above) are available to those who attend.
- **A Joint Oversight Committee (JOC)** has been formed between DOH and UAMS for the purpose of tracking ongoing activities between the agencies, identifying new areas for collaboration, and encouraging sharing and leveraging of resources to maximize the efficiency with which programs and projects are developed. The Committee normally meets monthly, and is currently discussing ways the institutions might better collaborate.
- **Accreditation:** The College of Public Health was accredited by the Council on Education for Public Health (CEPH) effective May 13, 2004. The COPH is working towards re-accreditation (site visit to occur in November, 2006). Although this site visit will not require the college to meet recently revised accreditation criteria, the college will be required to meet these new criteria by December, 2007. The most

significant changes will require the COPH to offer three doctoral programs (past requirement was one) with a minimum faculty requirement of five (5) full-time FTEs for each program. Offering the additional two required doctoral programs with students in them sufficiently long to assure their viability in December 2007 will require gaining approval to establish the programs by both the UAMS Graduate School and the Arkansas Department of Higher Education in addition to approvals from the Chancellor, UA President and UA Board of Trustees in sufficient time to recruit and enroll students by the Fall of 2006. Applications for these two new PhD programs have already been approved by the UAMS Graduate School and have been submitted to the AR Department of Higher Education for approval. One of the proposed programs is a PhD in Health Systems Research, to be based in the Department of Health Policy and Management, and the other is a PhD in Health Promotion and Prevention Research, to be based in the Department of Health Behavior and Health Education.



Research Goal 1: Obtain federal and philanthropic funding

The COPH submitted eight proposals, research grants or contracts this quarter seeking approximately \$3 million in total funding. Four of the eight have been funded (\$27,497). In addition, 13 grants previously submitted by faculty were funded during this quarter (approximately \$855,000). Over \$574,000 in research grants is pending approval/disapproval.

Research Goal 2: A significant portion of research conducted shall be relevant to the health issues within Arkansas and/or community-based in nature

With coronary heart disease (CHD), cancer, and stroke being the three leading sources of mortality and

morbidity among all gender and race groups nationally and in Arkansas, the CPH has focused on research relevant to smoking and obesity prevention and control, the two leading preventable causes of all three of these diseases. Additionally, because many ethnic and racial minority groups, including our state's African-American and rapidly growing Latino populations, experience a disproportionate disease burden, the CPH has also identified eliminating these disproportionate disease burdens as an additional research focus relevant to the health issues within Arkansas.

- Christine Sheffer, PhD, Assistant Professor, Department of Health Behavior and Health Education, has received funding for three tobacco cessation contracts – each using community-based public health approaches. They are the “Arkansas Tobacco Cessation Network (ATCN)”, “SOSWorks”, and the “Arkansas SOSQuitline”. The ATCN provides intensive evidence-based treatment by 10 interventionists at multiple sites (AHECs, AHEC hospital affiliates and a few other selected locations across the state). In addition, cessation services are integrated with health care communities through SOSWorks, a fax-back referral service for health care providers, organizations and/or individuals. Telephone calls are then made to referred individuals in order to link them with appropriate cessation treatment services. Dr. Sheffer also operates a statewide Quitline which provides evidence-based treatment by specially trained interventionists to participants over the phone. The first incoming call is a 20-30 minute in depth interview, followed by at least six 30-60 minute telephone counseling sessions. Every caller's first treatment session is scheduled within seven days of initial contact. Medication assistance is provided as well as self-help motivational materials. A Spanish-speaking counselor is available, and translation services are available for virtually every other language. In addition, this comprehensive tobacco cessation initiative includes: 1) training for health care providers in brief smoking cessation methods; 2) assistance for employers who wish to implement smoke-free policies; and 3) the development of a Web-based version of the cessation program, offering Arkansans a third alternative for cessation assistance in addition to the ACTN, face-to-face treatment program and Quitline telephone-based counseling program.
- Improving racial and ethnic minority health disparities in Arkansas is being addressed by several funded and pending research projects. For example, continuation

funding of a contract with the Minority Health Commission continues to support CPH faculty Dr. Creshelle Nash and Dr. Eddie Ochoa to extend their work on the “Arkansas Racial and Health Disparities Research Study.” Recommendations for both short- and long-term interventions to reduce and even eliminate racial and ethnic health disparities in Arkansas have been developed from focus groups and secondary data analysis. Under leadership of M. Kate Stewart, M.D., MPH, the CPH responded to a Kellogg solicitation to accredited schools and programs of public health to complete an assessment of their school and program activities to eliminate racial and ethnic health disparities. No funding is to be directly available for the recipient schools and programs, but Kellogg will provide expert technical assistance and consultation to 12 schools and programs in public health. In December, the College was informed that we were one of those selected to participate in this planning effort to reduce/eliminate health disparities. In addition, several CPH faculty members are working with the Minority Health Commissions' Hypertension Program through Technical Service Agreements, and CPH faculty member Dr. Debbie Erwin is the Principal Investigator for several cancer prevention research projects which focus on the Latino and African-American communities. Finally, Dr. LeaVonne Pulley continues to be funded as a subcontractor on an NIH grant to study the etiology of geographic and racial differences in stroke.

- Obesity is a major targeted area for on-going and planned research projects. Two substantial grants have been awarded to faculty addressing obesity: the Web-based Weight Loss Grant for which Dr. Delia Smith West serves as principal investigator, and the Implementation of Act 1220 for which Dean Raczynski serves as principal investigator. The former grant is designed to determine the benefit of a web-based counseling approach to weight loss versus delivery through group, in-person methods. If web-based approaches are found to be effective for helping people lose weight and maintain losses, then a highly cost-effective approach to weight loss and maintenance will be added to what can be done in Arkansas to counteract the obesity epidemic. The latter project, evaluating Act 1220 of 2003, will provide information for legislators, those involved in implementing the Act and those in other states who are trying to combat childhood obesity, about how the components of the Act have been implemented and

how they are working. Baseline and second-year data have already been collected; the baseline data were presented to the House and Senate Public Health Committee in January 2005, and the second-year data are scheduled to be presented in January 2006.



Service Goal 1: *COPH shall act as a resource to the General Assembly, the Governor, state agencies, and communities*

- COPH faculty members are serving on the committees established by Acts 1220 and 1816 of the 84th General Assembly. These committees are examining school health care and nutrition and physical activity issues. As mandated through legislation enacted during the 85th General Assembly, COPH faculty are serving on the following newly formed committees: Act 1757-Youth Suicide Prevention Taskforce; Act 1818-Child Death Review Panel; and, Act 663-Acute Stroke Care Task Force that will focus on stroke prevention, awareness, and recovery services.
- In October and November, Dean Raczynski and Dr. Christine Sheffer participated in the City of Little Rock – Mayors Task Force on Smoking public hearings. Based on sound scientific evidence of significant health benefits and no evidence of adverse impacts on business, the College actively supports a proposed City Ordinance that will prohibit smoking in restaurants, public workplaces, and bars.
- In October, the COPH continued the process of bringing interested members of the AR General Assembly to the COPH to tour the AR SOSQuitline and the AR Tobacco Cessation Network Programs. Two House members received individual tours in October.

- The Senate and House Public Health, Welfare and Labor Committee met in the College of Public Health building on October 22, 2005. Twenty-two legislators attended. The UAMS Chancellor I. Dodd Wilson, MD provided a status report on the UAMS Construction and Expansion Programs. Dean Raczynski and Dr. Sheffer were on the agenda to provide a status report of the COPH cessation contracts.
- A legislative meeting of the PEER Committee and the Review Committee of the Arkansas General Assembly was held in the College of Public Health building November 22, 2005. Over 20 members of the AR General Assembly listened to presentations on the COPH cessation grants/contracts as well as the Division of Health's cessation and prevention programs. Immediately following the three hour meeting, seven legislators and legislative staff received a tour of the COPH cessation program.
- COPH faculty and staff continue to work closely with the Public Health, Welfare and Labor Committees during the interim period. Dean Raczynski and Dr. Christine Sheffer briefed the committees on the COPH's two cessation contracts – the AR SOSQuitline and the AR Tobacco Cessation Network – in November and December.
- In November 2005, the COPH began working with Senator Shane Broadway on a statewide study (ISP 2005-128 Arkansas2020) to help prepare our state for the impact of its shifting population characteristics, including increases in the number of older and Hispanic persons and changes in other social, economic and health factors. Ty Borders, PhD, MPH, Associate Professor, Department of Health Policy and Management, will act as coordinator of the study. Willa Black Sanders, MPA, Assistant Dean for Governmental Relations and Special Projects at the College of Public Health, Tom Butler, UAMS Vice Chancellor for Administration, and Cherry Duckett, UAMS Director of Government Affairs are also working closely with Senator Broadway on this far-reaching study. Senator Broadway held a well-attended press conference announcing the study at the COPH building in December 2005.

Service Goal 2: *COPH shall collaborate and partner with other agencies, organizations, etc. on health-related issues when feasible. (Consultation and Analysis/Collaboration and leveraging)*

- Copenhague faculty and staff serve in a leadership capacity and are visible partners with the AR Cancer Coalition, AR Oral Health Coalition, AR Minority Health Commission, DHHS Division of Health, and the American Cancer Society.
- Copenhague students have over 35 agency/organization choices for their integration projects preceptorships.
- Three Copenhague faculty/staff serve on an Advisory Committee of the Philander Smith College – Kendall Health Science Institute. Collaboration, research, and addressing the public health needs of the students of Philander Smith College are the primary focus of the Advisory Committee.
- Copenhague was an active partner in the Coalition for Tobacco-Free Arkansas Conference held in August.
- Copenhague faculty/staff are ongoing participants in the Clinton School of Public Service educational activities.



RAND Recommendation Focus Areas Based on December 2004 Annual Report:

In their annual report to the Tobacco Settlement Commission, the Governor, and the Arkansas General Assembly, RAND made five recommendations for improving the Copenhague. It was agreed that the Copenhague had no direct control over the following three recommendations, each requiring additional appropriations: 1) *The Copenhague should maintain the discount for ADH employees;* 2) *The Copenhague should provide scholarships and discounts for distance learning students;* and 3) *The Copenhague should provide scholarships*

to students to help support the cost of obtaining a degree.

Even though the Copenhague has no direct control over appropriations and cannot guarantee allocation of additional funds to the Copenhague for scholarships and assistantships, it should be noted that over 90% of the Copenhague students are part-time, non-traditional students who are working at a full-time job as they pursue their degrees. Nonetheless, a number of students are being supported as research assistants with extramural funding, and the Copenhague is seeking federal funding that we are now eligible to pursue since being accredited. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students. Finally, the Department of Environmental and Occupational Health has been able to secure contributions to establish tuition scholarships for students pursuing specialized MPH degrees in the department.

In consultation with the family of the late Dr. Fay Boozman, the College of Public Health has also established the Fay W. Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student(s) each year. Donations may be sent to the *UAMS Foundation, Fay W. Boozman Public Health and Community Service Scholarship, 4301 W. Markham, Slot 716, Little Rock, AR 72205*. Honoring the wishes of family, the following statement will be included on the application: "The Fay W. Boozman Public Health and Community Service Scholarship is given because Dr. Boozman believed that public health, community service, and servant leadership were required to fulfill the responsibility of changing lives to healthy living. By submitting this application, you are committing to fulfill Dr. Boozman's calling to serve people."

Rand Recommendation 1: *Continue to hire more faculty; particularly diverse faculty*

The Copenhague is very cognizant of the need to have a diverse faculty. To date, 18% of the Copenhague full-time or FTE- supported Copenhague faculty members are from under-represented racial or ethnic minority groups (females not included).

Rand Recommendation 2: *Provide evaluation expertise to the Copenhague community partners to assess the impact of the work they are doing in the community*

The Copenhague's Office of Community-based Public Health (OCBPH) is involved in several activities to address this need. The OCBPH has four formally recognized

community partners: (1) Boys, Girls, Adults Community Development Center in Marvel, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, and (4) LA CASA in Pulaski County. Dr. Kate Stewart, Director of the OCBPH, and her staff in conjunction with other faculty in the college are assisting the Tri-County Rural Health Network (which includes Walnut Street Works) in evaluating their Community Connector Program. In addition, Dr. Martha Phillips (member of the CBPH Faculty Advisory Committee) is directing one of her staff in the Department of Epidemiology in completing the analysis of data from a community tobacco usage survey conducted by We Care as part of their tobacco prevention grant program. The data analysis will be included in their program evaluation. The OCBPH has also been asked to assist the USDA Delta Nutrition Intervention Research Initiative (NIRI) in providing training to their Arkansas community partners in Community-Based Participatory Research. The Marvel Boys, Girls, Adults Community Development Center (BGACDC), which plays a vital role in the Arkansas NIRI project, will benefit directly from this project, and lessons learned will also subsequently be shared with the other three formally recognized COPH community partners.

RAND Recommendation Focus Areas Based on 2005 Interim Report

Recommendation 1: Increase grant funding and leveraging activities from other sources

Extramural funding has consistently increased annually. Presently, the COPH has over 50 active grants totaling over \$5.3 million in funding for this fiscal year.

Recommendation 2: Develop Curricula for the new doctoral programs

The core curriculum has been developed for each of the two new PhD programs and both have been approved by the UAMS Graduate School.

Recommendation 3: Develop two new doctoral programs that are required to maintain accreditation: recruit new students for them

The two new doctoral programs have been developed and are awaiting approval from the AR Department of Higher Education. Recruitment efforts will begin after approval.

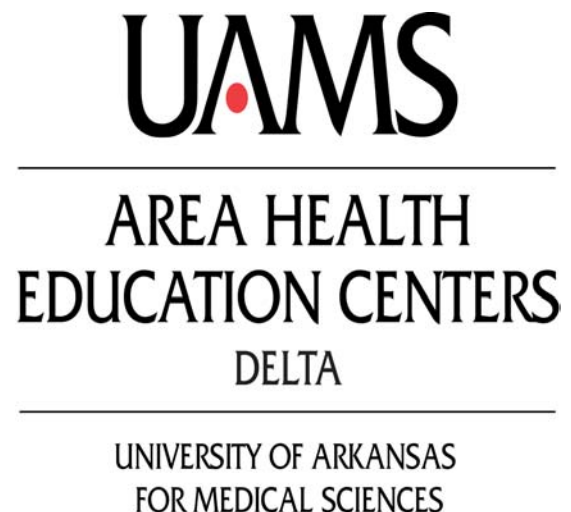
Major Challenges this quarter/Assistance needed by RAND:

No major challenges have been identified at this point. The next hurdle for the College is the approval of the

two new doctoral programs and completion of the COPH re-accreditation process.

Delta Area Health Education Center (Arkansas AHEC Program)

The Delta Area Health Education Center (Delta AHEC) was established by the Tobacco Settlement Proceeds Act (July 1, 2001) and it is the intent of the Act that the University of Arkansas for Medical Sciences (UAMS) establish a new Delta Area Health Education Center to serve the following counties: Crittenden, Phillips, Lee, St. Francis, Chicot, Monroe, and Desha. The new Delta AHEC shall be operated in the same fashion as other facilities in the UAMS-AHEC program including training students in the fields of medicine, nursing, pharmacy, and various allied health professions, and offering medical residents specializing in family practice. The training shall emphasize primary care, covering general health education and basic medical care for the whole family. The program shall be headquartered in Helena with offices in Lake Village and West Memphis.



Primary Goals

(1) To serve Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties by increasing access to quality healthcare through the composition, distribution, and appropriate preparation of a culturally competent health professional workforce; and, (2) to further serve the citizens by increasing the capacity of participation in culturally sensitive health promotion and health education programs.

Program Progress

Indicator 1 targets increases in the number of communities and clients served.

Prescription Assistance Program: Offered for the first time in 2005, the Prescription Assistance Program saved Delta residents approximately \$27,941 during the fourth quarter and \$127,137 for the entire year of 2005. An Ameri-corp volunteer has been recruited to assist with the prescription assistance program in 2006.

Exercise: A popular health activity for AHEC consumers has been the various exercise programs. The Delta AHEC has developed a menu of exercise options that have sustained attendance, even among senior citizens, in an area of the state where commercial gyms and exercise programs are not widely available. The following table illustrates that this health option is well utilized.

| Group | Average Quarterly Attendance | 2005 Total Attendance |
|--------------|-------------------------------------|------------------------------|
| Tai Chi | 412 | 1649 |
| Aerobic | 822 | 3286 |
| Senior | 638 | 2552 |

Kids for Health: Delta AHEC health facilitators conducted programs during this quarter using a standardized health education curriculum that includes tobacco prevention. A total of 2,296 K-3rd graders attended a 10-week program, while 1,735 4th-6th graders attended a 5-week program. At the end of each program, students have demonstrated statistically significant increases in health knowledge and positive change in behavioral intentions regarding cigarette smoking.

Outcome Measures for Indicator 1

Tables below identify the number of training session encounters that were provided, as well as levels of participation.

To increase the capacity of participation in culturally sensitive health promotion and health education programs:

| Encounters by program | 4th Quarter | 2005 Total |
|---|-------------------------------|-------------------|
| Diabetes patient clinic | 302 | 1026 |
| Diabetes patients hospital | 14 | 59 |
| Diabetes Support Group attendance | 40 | 225 |
| Sickle cell program | 48 | 562 |
| One-on-one sickle cell counseling | 31 | 126 |
| Breast self-examination training | 20 | 28 |
| Adolescent (7 th – 12 th) community health education | 361 | 1340 |
| Adult community health education programs (includes Life Skills) | 211 | 873 |
| Senior community health education programs (CLASSICS/COA) | 753 | 3200 |
| CVD/stroke prevention program | 149 | 836 |
| Tobacco prevention program | 326 | 3885 |
| Smoking cessation program | 47 | 623 |
| One-on-one smoking cessation counseling | 85 | 762 |

To improve health behaviors in regards to physical activity and nutrition:

| Attendance by program | 4th Quarter | 2005 Total |
|-------------------------------------|-------------------------------|-------------------|
| one-on-one nutrition/weight control | 11 | 117 |
| personal training | 20 | 357 |
| aerobic sessions | 536 | 3286 |
| nutrition/obesity prevention | 566 | 2748 |
| senior physical activity sessions | 717 | 2552 |
| Tai Chi | 450 | 1649 |
| Community exercise equipment usage | 45 | 87 |

To improve health behaviors related to teen pregnancy prevention and parenting skills:

| <i>Attendance by program</i> | <i>4th Quarter</i> | <i>2005 Total</i> |
|--|-------------------------------|-------------------|
| teen pregnancy prevention | 323 | 1779 |
| pre-natal counseling sessions | 9 | 281 |
| healthy parenting classes | 581 | 2509 |
| Teen Pregnancy Prevention Coalition sessions | 106 | 290 |

Indicator 2 targets increases in the number of training sessions for health professionals.

Nursing Programs: The Delta AHEC's activities to provide nursing students the opportunity to matriculate in the UAMS College of Nursing's on-line RN-to-BSN and Masters of Science in Nursing (MSN) degree programs have been productive. These on-line programs allow students to continue their education while working as nurses in their home communities by taking on-line and compressed video courses at the Delta AHEC and having clinical preceptor experiences facilitated by Delta AHEC staff. From 2001 through 2005, 30 RNs have been admitted to the RN-to-BSN program through the Delta AHEC. Of these, 21 have completed the program, one was dismissed, two withdrew, and six are currently enrolled. Of the 21 who have completed the RN-to-BSN to date, 15 have been admitted to the MSN program. Of these, five have graduated, one was dismissed, one withdrew, and eight are progressing in the program.

During the fourth quarter, the Delta AHEC staff worked with the Helena Health Foundation (HHF) to provide two full RN-to-BSN scholarships. HHF agreed to sponsor the scholarships and the initial recipients were selected. Lori Rawls, RN and Renee Stingley, RN will enter the program in January 2006.

In addition, clinical experiences for Phillips Community College/University of Arkansas associate degree RN students are provided by the Delta AHEC Diabetes Clinic and support services are provided by the Delta AHEC Librarian. In the fourth quarter, there were a total of 103 nursing students in this program (66 first-year and 37 second-year).

Accessing Health Information via the Library/Internet: Use of library and internet resources has become an important means of accessing health information (see table below). Despite their isolated, rural geographic location, AHEC health professionals,

students and consumers are using these services to obtain current health information unique to their needs.

| Group | Quarterly | 2005 |
|----------------------|------------------|-------------|
| Students | 287 | 1146 |
| Health Professionals | 229 | 915 |
| Consumers | 258 | 1031 |

Outcome Measures for Indicator 2

Tables below identify the number of training session encounters that occurred for health care students and professionals in their facilities in order to assess their compliance with the Act's intent regarding health care training.

To provide support services and continuing education for area health professionals and health professions students:

| <i>Attendance by program</i> | <i>4th Quarter</i> | <i>2005 Total</i> |
|---|-------------------------------|-------------------|
| Physician continuing education | 4 | 49 |
| Pharmacist continuing education | 3 | 20 |
| Allied health professional continuing education | 74 | 250 |
| Nursing continuing education | 50 | 168 |
| Certified Nursing Assistants trainings | 148 | 484 |
| Video conferences provided | 28 | 212 |
| Total CME hours provided to health professionals | 63 | 949 |
| Health professionals trained/certified in CPR, PALS, and ACLS | 198 | 388 |
| Health professionals trained in Farm Medics | 0 | 61 |
| Health professionals use of library/internet services | 26 | 915 |
| Health professionals trained/certified in breast feeding counseling | 0 | 10 |
| Usage of library/internet services by health professions students | 60 | 1146 |
| Cultural literacy/sensitivity trainings for health professions students | 0 | 0 |

To increase the number of health professionals practicing in underserved areas in the Delta:

| <i>Recruitment by program</i> | <i>4th Quarter</i> | <i>2005 Total</i> |
|---|--------------------------------------|--------------------------|
| Medical students for a selective rotation | 3 | 15 |
| Community-based internship, undergraduate | 0 | 1 |
| Community health worker | 120 | 175 |

To acquaint minority and/or disadvantaged youth with health careers:

| <i>Attendance by program</i> | <i>4th Quarter</i> | <i>2005 Total</i> |
|--|--------------------------------------|--------------------------|
| Minority health professionals serving as mentors | 23 | 31 |
| Minority secondary students teachers, counselors, secondary students at health careers trainings | 28 111 | 56 288 |
| High school students | 0 | 45 |
| Junior high students | 0 | 20 |

Indicator 3 targets increases in access to a primary care providers in underserved communities.

Two physicians, Dr. Charles Jones and Dr. Ned Pillow, who will return to Helena in May to join his two brothers, were in Community Match program in 2005.

Outcome Measures for Indicator 3

Tables below identify the activities related to increasing the number of primary care providers in the region.

| <i>Program</i> | <i>4th Quarter</i> | <i>2005 Total</i> |
|---|--------------------------------------|--------------------------|
| Faculty appointments granted by UAMS College of Medicine to minority physicians | 0 | 0 |
| Advanced Nurse Practitioners recruited to the Delta | 0 | 1 |
| Medical students participating in the community match program | 0 | 2 |

Important Events

Each year, the Helena Regional Medical Center makes a donation to the AHEC for use in recruiting and retaining health professionals. This year's donation of \$25,000 was received during the fourth quarter.

The West Helena Wal-Mart store donated \$750.00 to the Youth Empowered to Succeed (Y.E.S.) 4-H group at the Delta AHEC. The funds, part of a bonus grant from Wal-Mart, will help community-minded teens perform puppet skits in area elementary schools. The abstinence-based skits will examine the physical and emotional changes that adolescents experience and encourage positive self-esteem and communication.

Delta AHEC personnel have been creating a marketing plan and new marketing materials to reflect center changes. During this process, templates and marketing content from UAMS have been used to expand the web site and design a new brochure. Wellness programs are a primary focus with a new slogan, "Get Healthy Delta," paralleling the UAMS slogan. The website, in particular, will facilitate participation in education with current and timely announcements about content, meeting sites, schedules and last minute changes to the schedule.

Continuous Program Improvement

The director meets with the Delta AHEC staff every other month to review monthly reports and discuss program improvement. Staff have been busy planning for programs in the new facility, including developing policy and procedures notebooks for the Diabetes Clinic, CPR training programs, Kids for Health, and adolescent health programs.

Expanded Evaluation Capacity:

UAMS Delta AHEC project personnel took advantage of the traditionally slow fourth quarter to initiate a two-phase improvement process designed to increase both comprehensiveness and accessibility of documentation for all AHEC initiatives. Phase One involved a thorough review of all existing tracking forms and systems to identify (1) demographic characteristics, (2) knowledge acquisition and (3) satisfaction of participants in AHEC education and training activities. The review was conducted by a team of Delta AHEC administrative and program personnel, two contract evaluators, and technical specialists from UAMS Regional Programs: Gary Chitty, statewide information systems manager, and Vicky Montague, database manager. Training and orientation to the revised reporting system was conducted with Delta AHEC employees by Vickie Montague. The system was designed to facilitate data

entry by field personnel at the end of each working day. The system will track AHEC clients individually and accommodate new information over time tracking participation sequentially and cumulatively. Up-to-date outcomes can be displayed, as needed, for administrative, programmatic, and evaluation purposes. This will enable the Delta AHEC Director, for example, to access figures at any time to prepare presentations for the legislature, the tobacco commission, and professional organizations as well as for grant writing purposes or reporting to funding agencies.

Phase Two is currently underway with a review of clinical indicators that will extend the analytical capability of the Delta AHEC tracking system. At the time of this report, commercially available health prevention/wellness profiles with accompanying software are under review. It has been determined that in addition to being prohibitively expensive, these profiles collect considerable information not aligned with Delta AHEC's mission and activities. It appears that internal AHEC expertise will permit development of a "wellness profile" that is part of the tracking system and tailored to unique AHEC needs. Drafting of clinical indicators is currently being conducted by Ashley Hardin, MPH, CHES, Director of Wellness Programs, for use in the new AHEC Wellness Center.

Advisory Board Activities

The quarterly meeting of the Advisory Board was held in Helena on October 7, and the board toured the new building site. During the fourth quarter, Advisory Board members have been engaged in planning Grand Opening activities for the Wellness Center to include a presentation by a major regional or state health personality and a "friend-raising" gala event. While the gala is intended to introduce the new facility to the community, proceeds from the event will be used to support outreach services for the medically underserved.

Collaboration/Coordination of Programs

The Delta AHEC continues to work with other tobacco-funded programs. In November, the Arkansas Department of Health/College of Public Health tobacco cessation program placed a Tobacco Interventionist at the Delta AHEC. The Delta AHEC has seen 12 people for counseling in the fourth quarter. The interventionist assisted an additional 13 people on the Quit Line.

Phillips County Delta Bridge Project has received more than \$8 million in support from the Walton Foundation, in collaboration with Southern Financial Partners, a part of Southern Bancorporation. Dr. Becky Hall, Delta

AHEC director, is chairing the Health Goal Team. During two years of strategic planning, six health care goals were developed and approved. In the fourth quarter, Delta AHEC submitted two requests for funding to the Delta Bridge Project.

In partnership with Crittenden Memorial Hospital, Delta AHEC, received funds from the Arkansas Department of Health to implement a Worksite Wellness program designed to improve quality of care. Curriculum objectives are to (1) increase awareness of the signs and symptoms of heart disease and stroke; (2) encourage the appropriate use of 911; (3) improve management of blood pressure, diabetes and cholesterol, and (4) decrease the use of tobacco products. Activities include training industry employees in CPR and First Aid, presenting the American Heart Association "Taking Hypertension to Heart", and making available a blood pressure monitor onsite at a "Wellness Station" for employees to monitor blood pressure on a regular basis. Employees will receive glucose and cholesterol screenings, nutrition counseling, and the "Finally Free from Tobacco" model will be implemented to assist employees in tobacco cessation.

The Delta AHEC is partnering with the Minority Health Commission to continue their "Eating and Moving for Life" in Phillips County churches. Delta AHEC has assumed the salary and expenses for this program and has contracted with the local office of the Arkansas Cooperative Extension Service for program implementation. Currently, 67 African Americans are enrolled in the three-month program



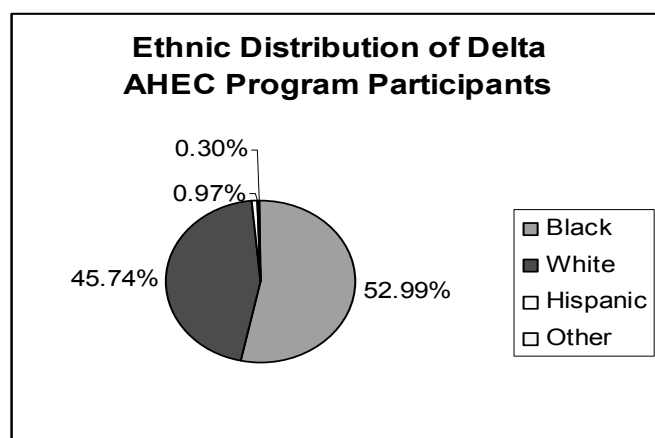
Major Challenges

The AHEC received notification that beginning September 1, 2006, Health Resources and Services Administration (HRSA) will no longer provide Health Education Training Center (HETC) funding. This will impact a variety of programs including: MASH, continuing education, health career recruitment, and minority based outreach programs. This sizeable deficit will seriously impact educational programming. At the time of this report, alternate resources were being explored such as Delta Bridge and local and regional foundations.

The UAMS Department of Family and Preventive Medicine changed their criteria so community size limits were no longer operational for senior medical students completing 4-week elective primary care preceptorships. This enabled students to remain in Little Rock for that experience seriously reducing rotations in the Delta.

Minority Participation

An analysis Delta AHEC program participation in the fourth quarter indicates that 52.99% of attendees were African Americans and 45.74% were Caucasian. Few attendees were of Hispanic (0.97%) or "other" (0.30%) ethnicity.



Arkansas Department of Health Tobacco Prevention and Education Programs (TPEP)

The Tobacco Prevention and Education Program (TPEP) introduced the Stamp Out Smoking (SOS) campaign to educate Arkansans about the dangers of

tobacco use. Using the Center for Disease Control's (CDC) Best Practice Guidelines, a plan was developed to reduce disease, disability and death related to tobacco by preventing the initiation of tobacco use among young people; promote quitting among young people and adults; eliminating exposure to second-hand smoke and identifying and eliminating the disparities related to tobacco use and its effects on population groups.

Advisory Committee

According to law, the tobacco prevention and cessation advisory committee is made up of eighteen members: one member appointed by the President Pro Tempore of the Senate and one member appointed by the Speaker of the House of Representatives and sixteen by the Governor. The organizations represented on the committee include the Arkansas Medical Society, Arkansas Hospital Association, American Cancer Society, American Heart Association, American Lung Association, Coalition for a Tobacco-Free Arkansas, Arkansans for Drug Free Youth, Arkansas Department of Education, Arkansas Minority Health Commission, Arkansas Center for Health Improvement, Arkansas Association of Area Agencies on Aging, Arkansas Nurses Association, Arkansas Cooperative Extension Service, University of Pine Bluff, League of United Latin American Citizens and Arkansas Medical, Dental and Pharmaceutical Association. The Advisory Committee meets on a quarterly basis. During the first several meetings, the committee reviewed and approved the program's strategic plan. During subsequent meetings, the committee has reviewed program activities, progress toward program goals and has given advice on program improvement.

Program Progress

Community Programs

For FY 06, 32 community coalitions received funding for tobacco prevention and education. Each community coalition sub-grant recipient is monitored on the progress of their programmatic activities and use of funding on a quarterly basis.

The coalitions competence to provide effective tobacco prevention initiatives has increased. Communities are more knowledgeable and have moved from capacity building to community actions and community changes. Coalitions have continued to educate their communities on the importance of clean indoor air resulting in more businesses and restaurants voluntarily becoming smoke free.

Coalitions have demonstrated progress toward creating additional tobacco-free environments and developing voluntary policies and ordinances. Listed are a few activities and accomplishments from the second quarter:

- The City of Fairfield Bay passed a smoke-free ordinance that banned smoking in public buildings, restaurants and workplaces;
- The El Dorado task force presented the city council with a comprehensive draft ordinance;
- The Little Rock task force presented the city council with a comprehensive draft ordinance;
- The Yell County sheriff's department is now a tobacco free facility;
- The Danville police department, jail and city hall now have a tobacco free policy;
- Phillips County court house went smoke free and
- Over 30 worksites and restaurants have gone smoke free.

School & Youth Programs

Nineteen consortiums of school districts and/or schools were funded for FY 06 (July 1, 2005 to June 30, 2006) to provide and/or strengthen tobacco prevention in school communities. The grantees are required to implement approved, research based tobacco prevention curricula K-12, with special emphasis at grades 5-9 and have comprehensive tobacco free school policy in the schools they serve. Each grantee is monitored on a quarterly basis.

By the end of the second quarter, all of the grantees submitted their schools' comprehensive tobacco free school policy. The TPEP staff is continuing to work with the grantees on tracking policy enforcement and usage of the researched based tobacco prevention curricula. Also, the TPEP staff is conducting refresher-training sessions on various tobacco prevention curricula. Also, training has been provided to districts that are piloting a new digital version of the "Get Real About Tobacco" curriculum. This new curriculum is titled "Discovery Health Connections." The reporting element of this particular curriculum will provide an assessment of what is taught and measure how often the teachers visit the website.

In addition, TPEP staff is working with the Athletic Directors to ensure all coaches follow their tobacco-free school policy at all school events. Public Service announcements are made before football and basketball games concerning the fact the area is a non-smoking area.

Statewide Programs

The Coalition for a Tobacco Free Arkansas (CTFA) continues to provide training and technical support to local tobacco free coalitions across the state and disseminate information to tobacco prevention and control advocates. Listed are some of the CTFA activities for the past quarter:

- Conducted a statewide tobacco and prevention conference in Little Rock to address issues around tobacco control, both at the state and national level;
- Conducted a rally and press conference was held to obtain support for smoke free environments;
- Assisted Dawson Cooperative with technical support for its school-based tobacco program;
- Conducted a second-hand-smoke workshop in Beebe, Arkansas, in which eight school districts were represented;
- Helped coalitions implement a smoke-free policy for the Phillips County Court House;
- Presented a workshop during the annual Centers for Disease Control and Prevention (CDC) Conference in Atlanta;
- Conducted leadership training with a select group of students at Dierk High School;
- Conducted Southeast Arkansas Regional meeting in El Dorado, partnering with Union County Arkansans for a Drug Free Youth (ADFY) Program on the effects of second-hand-smoke, benefits of no smoking policies and how a community can advocate for policies that will protect the health of their residents and
- Provided technical support and second-hand-smoke information to Fairfield Bay smoke-free community advocates.



Enforcement

Arkansas Tobacco Control Board (ATCB) enforces state laws prohibiting the sale of tobacco products to minors. Eight training sessions were held and over 200 clerks were trained during the reporting period of October

through December 2005. Compliance checks of 1,015 yielded 65 violations for a violation rate of 6.40%.

Cessation

The Arkansas Tobacco Cessation Network (ATCN) contract with the University of Arkansas—Medical Sciences, College of Public Health began July 1, 2005. The ATCN has sixteen treatment sites across the state. The ATCN had 236 clients attend treatment from July – December 2005. Of those patients eligible for 3-month follow-up, 59% were reached of which 44% were still abstinent from tobacco.

The SOS Quitline had 1,732 unique callers to the quitline from July to December 31, 2005 of those 1,356 were seeking treatment services and 376 were seeking information only. Of those patients eligible for 3-month follow-up 49% were reached of which 29% of those contacted were abstinent.

The SOSWorks, the fax referral system, has received 717 referrals from July – December 2005. Sixty-four percent were referred to either the SOS Quitline or ATCN for treatment. Also, the Smoke-Free Workplace Assistance Program assisted eight companies at twenty sites, which employ a total of 1,440 employees, in going smoke-free.

Media & Public Relations

CJRW, TPEP media contractor, received client approval for the 2005-2006 media and public relations plan and immediately began implementation during the fourth quarter of 2005. Following the one-to-one interviews testing new creative concepts, a final research report was developed and presented. The research has been the foundation of all final creative produced for this contract period.

During this quarter, a Jermain Taylor television spot was produced and began running, a Smoke-free Business brochure was developed for communities and business considering going smoke-free. The current brochures have been approved for a re-design and will printing next quarter.

Stamp Out Smoking (SOS) agreed to sponsor the following events: Ice Skating in the Park/Hot Springs, Twisters and Dino Dash.

SOS was one of the headlining sponsors of the 2005 Arkansas State Fair held October 7-16.

SOS continues to have a presence in the Hispanic community. CJRW has worked with La Casa to host three “Take It Outside” events in Rogers, DeQueen and Marion County. Both were well attended reaching more than 350 people and SOS educational materials were distributed and well received.

Requests for proposal for participation in the SOS Community Lifesavers service-learning program were mailed in October to those schools with existing service learning programs, a governor’s council on fitness representative or similar representation. Packets were sent to forty-three schools statewide. Twelve schools were chosen to participate in the yearlong program. They include: Concord, Fayetteville, Forest City, Hot Springs, J.A. Fair Magnet, Magnet Cove, McGehee, Nettleton, Osceola, Smackover and Vilonia High Schools.



“The Big Pitch” high school drama contest is underway. Save the Date cards were sent to all Drama and English teachers in the state. Thirty-nine schools have expressed an interest in participation and have requested more contest information.

In recognition of the Great American Smokeout on November 17, CJRW developed large banners promoting the SOS Quitline and distributed to those communities with clean indoor air policies, those working towards such an ordinance and those communities with a high population of smokers. Nine communities prominently displayed banners in highly trafficked areas of town. They were: Little Rock, El Dorado, Jonesboro, Fayetteville, Mena, Russellville, Helena, McGehee and Texarkana.

Also during this quarter, the Arkansas Celebrity Campaign began. CJRW is working towards securing additional well knowns to build on the success SOS has had with Jermain Taylor. Several Arkansans have been identified and are currently being contacted. These Arkansas celebrities will serve as positive role models

and will resonate well with several of our target audiences.

A “Healthy Habits” kit has been produced and will be distributed to the community-health nurses. It will include a t-shirt for them to wear during presentations, a PowerPoint presentation template and other materials that will be helpful when giving presentations to civic organizations, healthcare professionals and schools. Kits are scheduled to be distributed in early 2006.

While SOS has maintained a good dialogue with our partners, SOS continues to look for ways to effectively communicate in a timely manner the increasing number of Stamp Out Smoking programs and activities each year. The “E-News”, an electronic newsletter, was created to explain the recent past, present and future efforts of the Stamp Out Smoking campaign. The first issue of the new quarterly SOS e-newsletter was distributed in October and will be recreated and distributed each quarter thereafter. It was emailed to the state tobacco free coalitions, community health nurses, cessation networks, medical professions and many others in related fields.

Minority Initiatives

The University of Arkansas at Pine Bluff (UAPB), Minority Initiative Sub-Recipient Grant Office (MISRG), has funded twenty minority community-based organizations for FY 2006 (July 01, 2005 – June 30, 2006). Listed are some of the MISRG activities for this past quarter:

- *Minority Initiative*, a quarterly newsletter, was released in December. This publication serves to highlight the activities of the MISRG and sub-grantees;
- A draft of the Request for Proposals for FY 2007 is under review by the Advisory Committee which is expected to be released the end of January;
- A 30 second television spot was produced that promotes the offerings of the MISRG and has been running on UPN;
- A technical assistance workshop was offered in November for the sub-grantees relative to the ADH Web-Based Reporting system and
- An Organizational Capacity Building Grant Writing/ RFP training Workshop was held in Hope, AR, in November.

Additional organizational development workshops are scheduled for late January and early February 2006. The

first of these will be held in Springdale, AR with others to follow in Jonesboro, Hope and Eudora, AR.

Surveillance & Evaluation

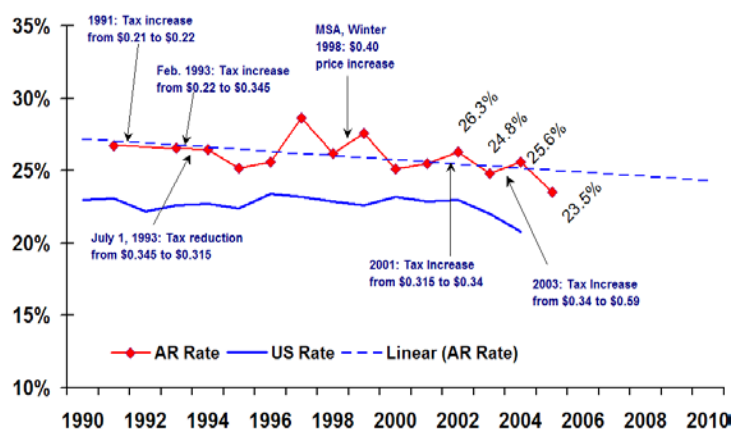
The TPEP conducts extensive internal and external evaluation activities to demonstrate accountability. These activities include assessing and documenting the effectiveness of its programs, measuring program outcomes, documenting implementation, cost effectiveness and measuring the impact of its activities. The program not only evaluates its statewide goals and objectives, but also stipulates that funded organizations evaluate their activities.

The TPEP adheres to the CDC-identified four goals that tobacco control programs should work within to reduce tobacco related morbidity and mortality:

- Goal 1: Preventing the initiation of tobacco use among young people.
- Goal 2: Promoting quitting among young people and adults.
- Goal 3: Eliminating nonsmoker’s exposure to environmental tobacco smoke (ETS).
- Goal 4: Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

The TPEP staff will be analyzing the 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey data in the next quarter. The adult smoking rate for 2005 is 23.5%. This is not a significant decrease, but does indicate the adult smoking rate is going in the right direction.

Smoking Among Adults, Arkansas vs. US



Also, the request for proposals (RFP) for securing evaluation services and conducting the 2006 Adult Tobacco Survey are being sent for internal review and it is estimated that they will be released sometime in February 2006.

Medicaid Expansion Program

The goal of the Medicaid Expansion program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to specific populations.

Program Progress

Pregnant Women Expansion

- Increased the income eligibility limit from 133% to 200% of the federal poverty level
- Program implemented November 1, 2001
- Cumulative number of eligible participants:

| | |
|--------------------|-------|
| October | 7,442 |
| November | 7,491 |
| December | 7,541 |
| (1,110 minorities) | |

Hospital Benefit Coverage

- Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10%.
- Program implemented November 1, 2001

Age 19 to 64 Expansion

- Incrementally covers 19 to 64 age group with a limited benefit package
- Population and limited benefit package defined and submitted to actuarial firm for cost analysis
- Section 1115 Waiver Concept Paper developed and submitted to CMS on 7/8/02
- Federal approval to submit Section 1115 Waiver on hold due to CMS concerns regarding cost neutrality

65 and Over Expansion (AR Senior)

- Incrementally increase coverage to the 65 and over population
- Implemented November 1, 2002 at 75% of QMB Level
- Increased to 80% of QMB Level effective January 1, 2003

- Current program participants –

| | |
|--------------------|-------|
| October | 4,573 |
| November | 4,610 |
| December | 4,651 |
| (1,450 minorities) | |

Expenditures for October 1, 2005 through December 31, 2005 and Proportion of Leveraged Medicaid Dollars

| | <u>Total</u> | <u>Tobacco</u> | <u>Federal</u> |
|----------------------------|--------------------|--------------------|--------------------|
| Pregnant Women | \$ 942,502 | \$ 237,982 | \$ 704,520 |
| In-Patient Hospital | \$1,750,949 | \$ 442,115 | \$1,308,834 |
| ARSeniors | <u>\$2,581,342</u> | <u>\$ 651,789</u> | <u>\$1,929,553</u> |
| Sub-Total Program | \$5,274,793 | \$1,331,886 | \$3,942,907 |
| Administration | <u>\$ 202,258</u> | <u>\$ 101,129</u> | <u>\$ 101,129</u> |
| Total | \$5,477,051 | \$1,433,015 | \$4,044,036 |

Important Events

During last quarter, we became aware of a problem with the data that we have used to draw tobacco settlement funds for the Medicaid expansion programs. Claims under the expansion programs are processed and paid along with all of our regular Medicaid claims, and each week we receive a report from our fiscal agent that indicates how much of that week's payout should be drawn from tobacco funds. Due to an error in that reporting, we have overdrawn tobacco funds. We are currently working to resolve this issue and will be making an adjustment in our data as well as in our funds draw in the near future. We will provide information regarding the retroactive revisions as soon as they are complete. In the meantime, the problem has been corrected on an ongoing basis; therefore, the data as reported for the most recent quarter (October-December 2005) is correct.

An 1115 Demonstration Waiver was submitted by Arkansas on October 22, 2004, entitled the *Employer Sponsored Insurance Initiative*. This waiver, when approved, will increase health insurance coverage to non-pregnant adults, aged 19-64 of participating employers, whose family income is equal to or less than 200% of the federal poverty level. ***The State is still awaiting waiver approval from CMS.***

Steps for Continuous Quality Improvement:

The State will begin looking at outreach options next quarter designed to increase both client and public awareness of the Pregnant Women and AR Senior Tobacco Expansion programs.

Minority Health Initiatives

The Arkansas Minority Health Initiative mandates that the Arkansas Minority Health Commission (AMHC) establishes and administer screening, monitoring and treatment of hypertension, strokes and other disorders that disproportionately affect the minority groups of Arkansas.

The goals of the Arkansas Minority Health Commission are:

- (1) To increase awareness of hypertension, strokes and other disorders that are disproportionately critical to minorities by utilizing different approaches that include but are not limited to the following: advertisements, distribution of educational materials and providing medication assistance materials for high risk minority populations.*
- (2) To provide screening or access to screening for hypertension, strokes and other disorders that are disproportionately critical to minorities and to provide this service to any citizen within this state regardless of racial/ethnic background.*
- (3) To develop intervention strategies to decrease hypertension, stroke and other disorders and their complications that disproportionately target minority populations including but are not limited to the following: smoking cessation, health education programs, weight loss, promoting a healthy lifestyle and treatment of hypertension with cost-effective medications as well as case management for patients in these programs.*

Program Progress

Goal 1: To increase awareness of hypertension, strokes and other disorders we have:

- Continued development of a hypertension database, as mandated by the ATSC legislation. Begun beta testing the database, which will include information from both the community based screenings and the treatment program for financially needy participants. This system will allow AMHC to access and analyze demographic and clinical data about participants in the Hypertension Screening and Treatment initiative for the purpose of program development and improvement.
- The Executive Director made 3 presentations highlighting hypertension, strokes and other disorders that disproportionately affect minorities.

- Drs. Creshelle Nash and Eddie Ochoa sat on one panel discussion for first year medical students to discuss an Introduction to Clinical Medicine and the Health Disparities Study on December 7, 2005.
- The Hypertension Program Medical Director conducted three different Interviewer trainings in blood pressure measurement technique for the on-going MESH Study in Marianna with a total number of ~29 participants.
- The Hypertension Program Medical Director was invited to speak to the Marianna Rotary Club on the currently on-going MESH project in Marianna. Approximately 20 people were in attendance.
- The Hypertension Program Medical Director collaborated with Dr. Ilyas from the Arkansas Children's Hospital to train approximately 40 Little Rock School District school nurses on current protocols and guidelines for blood pressure measurement in children.
- The Hypertension Initiative Medical Director gave an invited talk on kidney disease for the UAMS 5th Annual Management of Kidney Disease for the Primary Care Physician conference on September 24, 2005.
- Continued working with Ms. Margo Bushmaier to develop a proposal to be submitted to the UAMS IRB in collaboration with the Arkansas Children's Hospital Hypertension Clinic, to evaluate longitudinal blood pressure screening data from the Little Rock School District.
- Continued funding the implementation of the Marianna Examination Study on Hypertension (MESH), a population based representative examination survey focusing on hypertension and cardiovascular disease risk factors in the City of Marianna, a community in Lee County (MESH Study). Approximately 317 of the planned 800 surveys have been completed and 43 lab draws have been completed to date.
- Developed two new "Minority Health Today" television show that highlighted "Living with Disabilities" and "Organ Donation".
- Run 30 second radio ads in approximately 15 different radio stations covering the five regions of the state. Each radio ad ran approximately 10-16 times per day.
- Run one new print ad in the October issue of "At Home Magazine" highlighting breast cancer.
- Drs. Creshelle Nash and Eddie Ochoa made 1 presentation highlighting ethnic disparities at the Health and Human Rights Seminar held at Princeton University on November 18, 2005

- The Arkansas Minority Health Commission, Delta AHEC and the College of Public Health continue to go forward in the shared initiatives that focus on training and recruitment in the Delta. The Delta AHEC and the Minority Health Commission continue to partner in the delivery of education and other health related services to address diabetes, diabetes management and hypertension.
- The Arkansas Minority Health Commission consists of twelve (12) members of which four (4) members are of the general public and are appointed by the Governor, two (2) members are appointed by the President Pro Tempe of the Senate, two (2) members are appointed by the Speaker of the House of Representatives and four (4) members are required to serve as mandated by Act 912 of 1991. The AMHC Commissioners meet on a quarterly basis in targeted communities. The Commissioners are responsible for establishing policies for the organization. Members of the Commission serve on the Planning and Review Committee are responsible for the development of short and long-term goals for the agency; which require approval of the full board. The Commissioners develop and approve by-laws, personnel policies, finance reports as well as all other reports generated within the agency. The AMHC Commission serves as the governing board for this state agency.



Goal 2: To provide screening or access to screening for hypertension, strokes and other disorders that disproportionately affect minorities:

AMHC has co-sponsored 6 health fairs thru coordination of efforts, donations of sponsorship and collaterals and

information regarding hypertension, strokes and other disorders that disproportionately affect minorities.

- 5,388 attendees
- 613 pieces of literature
- 199 Blood Pressure Checks

The last quarterly AMHC Commission Meeting was held in St. Francis County (Forrest City) in conjunction with a Health Fair on December 10, 2005.

- 99 attendees (98% African American and 2% Caucasian)
- 1 Mammogram Registration, 10 Glucose, 10 Cholesterol, 24 Blood Pressure Checks and 30 HIV tests

Provided health related information to call-ins regarding but not limited to hypertension, strokes and other disabilities that disproportionately target the minority populations.

- 24 calls for information regarding Southern Ain't Fried Sundays Initiative.
- 2 calls for information regarding medication assistance programs.
- 7 calls requesting health related literature.
- 19 calls requesting collateral assistance at health fairs.
- 6 calls requesting assistance with health fairs.
- 6 calls regarding available clinics in area.
- 5 call regarding the Minority Health Today show

AMHC continued to fund the Hypertension Screening and Treatment Initiative in Lee, Crittenden, and Chicot counties. Since the program began in April 2003, 2834 4266 and 3307 screenings (total of 10407 screenings) have been performed in these counties, with 2730 screenings showing elevated blood pressure. In 78%, 57%, and 86% of those screenings, the participant reported having a primary care physician. Those persons were advised to contact their primary care physician for further evaluation of their blood pressure. Of those who report having a primary care physician, most have seen that person within the last year. A total of 509 persons have been enrolled into the Hypertension Initiative to date. During the last quarter 322, 341, and 303 screenings were performed in the three counties, 197 of the screenings showing elevated blood pressure readings, and 14 enrolled into the program.

The Eating and Moving for Life Program in Lee County, Mississippi County and in Sevier County is still very active. A total of 276 participants are currently enrolled to date: 118 in Lee, 62 in Mississippi, 96 in Sevier County.

- 19 participants in Lee County, 28 participants in Mississippi, and 2 participants in Sevier County have improved their blood pressure.

- 6 participants in Lee County, 37 participants in Mississippi County, and 27 participants in Sevier County have lost weight with an average weight loss of 4.0 lbs, 2.28 lbs, and 7.04 lbs.

Goal 3: To develop intervention strategies to decrease hypertension, strokes and other disabilities that disproportionately affect minorities we have:

- The AMHC grant writers, CWS & Associates, contacted providers in targeted counties in an effort to identify current programs and services that could be used for collaborative grant proposals and projects.
- The AMHC grant writers, CWS & Associates, held two seminars in Texarkana and Pine Bluff on October 13, 2005 and on November 19, 2005 promoting AMHC visibility and goals.
- The AMHC grant writers, CWS & Associates, submitted a grant proposal to the John Hopkins Bloomberg School of Public Health in collaboration with the Lupus Foundation of Arkansas to provide and enlighten Arkansans with knowledge of Lupus and related diseases disproportionately affecting African Americans.
- Provided in-kind salary support for Dr. Jones, the AMHC Hypertension Medical Director, and Dr. Namvarr Zohoori, for activities directed towards the development of the ARCHES study, a state-wide representative examination survey funded by a grant from the CDC to the Arkansas Department of Health's Cardiovascular Health Program in July 2005. Currently, the study team is in the process of finalizing the questionnaire and laboratory elements for the study, and developing the logistics plan. The study is expected to begin enrolling participants in April 2006 and will eventually enroll 1500 participants. This study will provide critical information about the prevalence of cardiovascular disease risk factors throughout the state, with an emphasis on comparing prevalence rates between African Americans and Caucasians.

Tobacco Settlement Program Expenditures

| Program Name | Appropriation Amount | FY06 Available Funding | YTD Expenditures | Expenditures 2nd Quarter | Fund Balance |
|---------------------|----------------------|------------------------|------------------|--------------------------|--------------|
| AAI | \$2,324,476 | \$1,672,005 | \$735,381 | \$395,462 | \$936,624 |
| ABI | \$6,159,676 | \$4,428,493 | \$2,630,292 | \$611,216 | \$1,798,201 |
| COPH | \$3,486,713 | \$2,508,007 | \$1,176,725 | \$567,981 | \$1,331,252 |
| Delta AHEC | \$2,324,476 | \$1,672,005 | \$702,385 | \$365,941 | \$969,620 |
| TPEP | \$17,451,384 | \$20,566,351 | \$7,025,956 | \$4,156,389 | \$13,540,395 |
| Medicaid Expansion* | \$27,817,626 | \$36,069,297 | \$3,128,991 | \$1,433,015 | \$32,940,306 |
| Minority Health | \$1,672,347 | \$1,672,347 | \$644,788 | \$388,167 | \$1,284,180 |

* Note: This report reflects Tobacco Settlement dollars only. No Federal Medicaid Funds or appropriation are included in the chart. The match rate for Administrative Cost is 50% and the FMAP Rate for Services is 74.75%.



Arkansas Tobacco Settlement Commission

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Administrative Assistant: Karen Elrod

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Major General USA (RET)
Chairman
(Citizen selected by the Governor)

John Ahlen, Ph.D.
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Science &
Technology
Authority

Omar Atiq, M.D.
Director, AR Cancer Institute
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President Pro Tem)

Linda Beene, Ed.D.
Director, Arkansas
Department of Higher
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Dr. Ryan Buffalo
General Practitioner
(Healthcare
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Speaker of the
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Your Tobacco Settlement Dollars at Work